

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number	Filing Date						
						Applicant(s)							
						* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend							
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47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						